

RH10260

ADDITIONAL PREMISES INFORMATION		PREMISES #1 BUILDING #1: 8		STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806				RICHM-3		OP ID: C2	
BLDG DESCRIPTION: Guest House											
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY		
BUILDING		210,912	90	R	SPECIAL		5,000		AGR AMT		
BLKT BPP 1/1			0								
BLKT B/EE			0						ALS		
ADDITIONAL INFORMATION		Y		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE			
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUTION FEES		OFF PREM POWER	
<input checked="" type="checkbox"/> NON MFG		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL		\$ DED		DAYS		\$ STUDENTS		<input type="checkbox"/> POWER	
<input type="checkbox"/> MFG		90 DAYS		ELEC MEDIA		NO PERIOD		\$ OTHER ED SERVING		<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING		180 DAYS		DAYS		LIMIT				<input type="checkbox"/> COMM (DESCR BELOW)	
% COINS		\$		ORD OR LAW		MAX PERIOD				<input type="checkbox"/> DEPEND PROP	
				DAYS						<input type="checkbox"/> % COIN	
										<input type="checkbox"/> CONT LOC	
										<input type="checkbox"/> REC LOC	
										<input type="checkbox"/> MFG LOC	
										<input type="checkbox"/> LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP										EXTRA EXPENSE DAYS PERIOD REST	
										LIMIT LOSS PAY	
										% % % %	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE DISTRICT/CODE NUMBER		PROT CL		# STORES		# BASMTS	
FRAME		50 FT 3 MI		Asheville/		3		1		1991	
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		TOTAL AREA		1,248	
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:		<input type="checkbox"/> HEATING, YR:		WIND CLASS		OTHER OCCUPANCIES			
<input type="checkbox"/> ROOFING, YR:						<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> OTHER:								IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE							
for resort properties											
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT		GRADE		CENTRAL STATION	
BURGLAR ALARM INSTALLED AND SERVICED BY										WITH KEYS	
YES										<input type="checkbox"/> GUARDS/MATCHMEN	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK		FIRE ALARM MANUFACTURER		2		<input checked="" type="checkbox"/> 24 hr employ		<input checked="" type="checkbox"/> CENTRAL STATION	
Smoke/Inro								<input checked="" type="checkbox"/> LOCAL COIN			
ADDITIONAL INTERESTS											
RANK:		NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED		INTEREST ITEM NUMBER			
INTEREST								LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE								SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> MORTGAGEE								OTHER:			
<input type="checkbox"/>											
ITEM DESCRIPTION:											
REMARKS											
Premise 1											
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME, TN and VA, Insurance benefits may also be denied)											
APPLIED 140SCHED (2002/09)											

ADDITIONAL PREMISES INFORMATION		PREMISES #1 BUILDING # 7		STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: Carriage House/Offices								RICHM-3	OP ID: C2
SUBJECT OF INSURANCE		AMOUNT	CORIS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY				
BUILDING		747,400	90	R	SPECIAL		5,000		AGR AMT				
BLKT BPP 1/1			0										
BLKT BI/EE			0						ALS				
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE				
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUITION FEES		OFF PREM POWER		DEPEND PROP	
<input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MNRVS % CORIS		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$		DED ELEC MEDIA ORD OR LAW DAYS		DAYS NO PERIOD LIMIT MAX PERIOD		\$ STUDENTS OTHER ED SERV/NC		<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)		<input type="checkbox"/> % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LOR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP										EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____			
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION													
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA			
FRAME		50 Ft	3 M	Asheville/		3	2	1	1992	4,200			
BUILDING IMPROVEMENTS		WIRING, YR:		PLUMBING, YR:		BLDG CODE GRADE		TAX CODE		ROOF TYPE			
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER:		<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:		<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		OTHER OCCUPANCIES HEATING BOILER ON PREMISES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IS INSURANCE PLACED ELSEWHERE? YES <input type="checkbox"/> NO <input type="checkbox"/>							
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE									
other resort properties													
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS					
BURGLAR ALARM INSTALLED AND SERVICED BY		yes		PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK		FIRE ALARM MANUFACTURER		# GUARDS/WATCHMEN			
smoke/fire		yes		yes		2		X		24 hr employ			
yes		yes		yes		yes		X		CENTRAL STATION			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes		yes		yes		yes			
yes		yes		yes									

APPLIED 140SCHED (2002/09)

RH10263

RICHM-3		OP ID: C2	
ADDITIONAL PREMISES INFORMATION		PREMISES #2	
STREET ADDRESS: 88 Richmond Hill Drive Asheville NC 28806		BLDG DESCRIPTION: One Family Dwelling	
BUILDING # 1			
SUBJECT OF INSURANCE	AMOUNT	COSTS %	VALUATION
BUILDING	338,000	90	R
CAUSES OF LOSS	SPECIAL	INFLATION GUARD %	DEDUCTIBLE
			5,000
BLKT BPP 1/1			
BLKT B/EE			
FORMS AND CONDITIONS TO APPLY		AGR AMT	
		ALS	
ADDITIONAL INFORMATION		Y BUSINESS INCOME / EXTRA EXPENSE	
TYPE OF BUSINESS		BUSINESS INCOME W/O EXTRA EXPENSE	
<input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING <input type="checkbox"/> % COINS		EXTRA EXPENSE <input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS <input type="checkbox"/> \$	
POWER/HEAT \$ DEF ELEC MEDIA DAYS ORD OR LAW DAYS		EXT PERIOD DAYS NO PERIOD MAX PERIOD TUITION FEES \$ STUDENTS OTHER ED SERVING	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP		OFF PREM POWER POWER WATER COMM (DESCR BELOW) DEPEND PROP <input type="checkbox"/> % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LOR LOC (DESCR BELOW)	
		EXTRA EXPENSE DAYS PERIOD REST LIMIT LOSS PAY	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION			
CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE DISTRICT/CODE NUMBER	PROT CL
FRAME	100ft	Asheville/	3
BUILDING IMPROVEMENTS	PLUMBING, YR:	BLOG CODE GRADE	# STORES
WIRING, YR:	HEATING, YR:	TAX CODE	# BASMTS
ROOFING, YR:		ROOF TYPE	1988
OTHER:		WIND CLASS	TOTAL AREA
		RESISTIVE SEM-RESISTIVE OTHER	2,000
NIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	OTHER OCCUPANCIES	
dwelling	dwelling		
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT
BURGLAR ALARM INSTALLED AND SERVICED BY			GRADE
			CENTRAL STATION
			YMDKEYS
			CLOCK HOURLY
			# GUARDS/WATCHMEN
			0
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRINK	FIRE ALARM MANUFACTURER	
Smoke			
		CENTRAL STATION	
		LOCAL GONG	
ADDITIONAL INTERESTS			
RAV:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED
INTEREST			INTEREST ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE			LOCATION: BUILDING:
<input type="checkbox"/> COFF GAGEE			SCHEDULED ITEM NUMBER:
	ITEM DESCRIPTION:		OTHER:
REMARKS			
Premise 2			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (ANY SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)			
APPLIED 140SCHD (2002/09)			

RICHM-3 OP ID: C2

ADDITIONAL PREMISES INFORMATION		PREMISES #3	STREET ADDRESS: 86 Richmond Hill Drive Asheville NC 28806						
SUBJECT OF INSURANCE		AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING		338,000	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1			0						
BLKT B/EE			0						ALS
ADDITIONAL INFORMATION		Y BUSINESS INCOME/EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE			
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUTORIAL FEES	
X NON MFG		X EXCL <input type="checkbox"/> INCL		\$ DEO		DAYS		\$ STUDENTS	
<input type="checkbox"/> MFG		90 DAYS		ELEC MEDIA		NO PERIOD		\$ OTHER ED SERVING	
<input type="checkbox"/> MINING		180 DAYS		ORD OR LAW		LIMIT			
% COINS		\$		DAYS		MAX PERIOD			
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE DAYS PERIOD REST	
								LIMIT LOSS PAY	
								% % % %	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION									
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT CODE NUMBER		PROT CL	# STORES	# BASINS	YR BUILT
FRAME		100 FT	3 MI	Asheville		3	1	1	1988
BUILDING IMPROVEMENTS		BLOG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES	
<input type="checkbox"/> WORKS, YR:		<input type="checkbox"/> PLUMBING, YR:		WIND CLASS		HEATING BOILER ON PREMISES?		YES NO	
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:		RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		IF YES, IS INSURANCE PLACED ELSEWHERE?		YES NO	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE					
dwelling		dwelling							
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT		GRADE	
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		CENTRAL STATION WITH KEYS	
						0		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK		FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL CONC	
smoke									
ADDITIONAL INTERESTS									
RANK:		NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER	
INTEREST								LOCATION: BUILDING:	
<input type="checkbox"/> LOSS								SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> PAYEE								OTHER:	
<input type="checkbox"/> MORTGAGE									
<input type="checkbox"/> GAGE									
ITEM DESCRIPTION:									
REMARKS									
Premise 3									

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLIED 140SCHD (2002/09)

RH0265

ADDITIONAL PREMISES INFORMATION		PREMISES #1		STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806				RICHM-3		OP ID: C2	
		BUILDING # 1		BLDG DESCRIPTION: Mansion/Rest/Incl. Retaining Wall							
SUBJECT OF INSURANCE		AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY		
BUILDING		5,089,119	90	R	SPECIAL		5,000		AGR AMT		
BLKT BPP		1,500,000	0						ALL BLDGS		
BLKT B/EE			0						ALS		
ADDITIONAL INFORMATION		Y BUSINESS INCOME/EXTRA EXPENSE		BUSINESS INCOME/EXTRA EXPENSE		EXTRA EXPENSE					
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUITION FEES		OFF PREM POWER	
<input checked="" type="checkbox"/> NON MFG		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL		\$ OED		DAYS		\$ STUDENTS		<input checked="" type="checkbox"/> POWER	
<input type="checkbox"/> MFG		90 DAYS		ELEC MEDIA		NO PERIOD		\$ OTHER ED SERV/ACC		<input checked="" type="checkbox"/> WATER	
<input type="checkbox"/> MINING		180 DAYS		ORD OR LAW		LIMIT				<input checked="" type="checkbox"/> COMM (DESCR BELOW)	
% COSTS		\$		DAYS		MAX PERIOD				DEPEND PROP	
										% CO/H	
										CONT LOC	
										REC LOC	
										MFG LOC	
										LDR LOC (DESCR BELOW)	
										EXTRA EXPENSE	
										LIMIT LOSS PAY	
										DAYS PERIOD REST	
										% % % %	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT/CODE NUMBER		PROT CL		# STORIES	
FRAME		50 FT		3 MB		Asheville		3		3	
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		# BASMTS		YR BUILT	
<input checked="" type="checkbox"/> WIRING, YR: 85								1		1889	
<input checked="" type="checkbox"/> ROOFING, YR: 85										TOTAL AREA	
<input type="checkbox"/> OTHER										7,300	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		WIND CLASS		HEATING BOILER ON PREMISES?		YES		NO	
Other Resort properties		Other Resort properties		RESISTIVE		SEMI-RESISTIVE		OTHER		IF YES, IS INSURANCE PLACED ELSEWHERE?	
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT		GRADE		CENTRAL STATION	
Yes										WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY										CLOCK HOURLY	
Details to follow if requested										24 hr manned	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK		FIRE ALARM MANUFACTURER		# GUARDS/WATCHMEN		X		CENTRAL STATION	
Smoke/Intr		100		Yes		2		X		LOCAL GOV	
ADDITIONAL INTERESTS											
RAVIR:		NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED		INTEREST ITEM NUMBER			
INTEREST								LOCATION: BUILDING:			
<input type="checkbox"/> LOSS								SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> PAYEE								OTHER:			
<input type="checkbox"/> MORTGAGEE											
ITEM DESCRIPTION:											
REMARKS											
Premise 1											
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, Insurance benefits may also be denied)											
APPLIED 140SCHD (2002/09)											

ADDITIONAL PREMISES INFORMATION		PREMISES #1		STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28808										RICHM-3		OP ID: C2			
		BUILDING #1: 2		BLDG DESCRIPTION: Guest House															
SUBJECT OF INSURANCE		AMOUNT		CORRIS %		VALUATION		CAUSES OF LOSS		INFLATION GUARD %		DEDUCTIBLE		BLKT COV		FORMS AND CONDITIONS TO APPLY			
BUILDING		173,732		90		R		SPECIAL				5,000				AGR AMT			
BLKT BPP 1/1				0															
BLKT B/EE				0												ALS			
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE				EXTRA EXPENSE									
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUITION FEES		OFF PREM POWER		DEPEND PROP							
NONMFG		EXCL		\$		DAYS		\$		POWER		% COIN							
MFG		50 DAYS		ELEC MEDIA		NO PERIOD		\$		WATER		CONT LOC							
MINW3		180 DAYS		ORD OR LAW		LIMIT		\$		COMM (DESCR BELOW)		REC LOC							
% COINS		\$		DAYS		MAX PERIOD						MFG LOC							
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP														EXTRA EXPENSE DAYS PERIOD REST					
														LIMIT LOSS PAY					
														% % % %					
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION																			
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT CODE NUMBER				PROT CL		# STORES		# BASMTS		YR BUILT		TOTAL AREA	
FRAME		50 FT		3 MI		Asheville/				3		1				1991		1,048	
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES											
WIRING, YR:		PLUMBING, YR:		HEATING, YR:		WIND CLASS		HEATING BOILER ON PREMISES?											
ROOFING, YR:								IF YES, IS INSURANCE PLACED ELSEWHERE?											
OTHER:		RESISTIVE		SEM-RESISTIVE		OTHER		YES NO YES NO											
LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE															
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE				EXTENT		GRADE		CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY												# GUARDS/WATCHMEN		CLOCK HOURLY					
yes												2		X 24 hr employ					
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 Chemical Systems)				% SPRINK				FIRE ALARM MANUFACTURER						X CENTRAL STATION					
smoke/life														LOCAL GONGS					
ADDITIONAL INTERESTS																			
RANK:		NAME AND ADDRESS:				REFERENCE #:				CERTIFICATE REQUIRED				INTEREST IN ITEM NUMBER					
INTEREST														LOCATION: BUILDING:					
LOSS PAYEE MORTGAGEE														SCHEDULED ITEM NUMBER:					
														OTHER:					
REMARKS																			
Premise 1																			

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLIED 140SCHED (2002/09)

RHI0267

RH10268

ADDITIONAL PREMISES INFORMATION		PREMISES #:		STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28808				RICHM-3		OP ID: C2	
BUILDING #:		BLDG DESCRIPTION: Guest House									
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY		
BUILDING		210,912	90	R	SPECIAL		5,000		AGR AMT		
BLKT BPP 1/1			0								
BLKT B/EE			0						ALS		
ADDITIONAL INFORMATION		Y		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE			
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUTION FEES		OFF PREM POWER	
<input checked="" type="checkbox"/> NON MFG		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL		\$ CEO		DAYS		\$ STUDENTS		<input type="checkbox"/> POWER	
<input type="checkbox"/> MFG		90 DAYS		ELEC MEDIA		NO PERIOD		\$ OTHER ED SERV/NC		<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING		180 DAYS		ORD OR LAW		DAYS		LIMIT		<input type="checkbox"/> COMM (DESCR BELOW)	
% COINS				DAYS		MAX PERIOD				<input type="checkbox"/> DEPEND PROP	
										<input type="checkbox"/> % COIN	
										<input type="checkbox"/> CONT LOC	
										<input type="checkbox"/> REC LOC	
										<input type="checkbox"/> MFG LOC	
										<input type="checkbox"/> LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP											
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STATION		FIRE DISTRICT CODE NUMBER		PROT CL		# STORES	
FRAME		50 FT		3 MI		Asheville		3		1	
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		# BASMTS		YR BUILT	
<input type="checkbox"/> YRIMG, YR:		<input type="checkbox"/> PLUMBING, YR:								1991	
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:								TOTAL AREA	
<input type="checkbox"/> OTHER:										1,248	
WIND CLASS		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE		HEATING BOILER ON PREMISES?		IF YES, IS INSURANCE PLACED ELSEWHERE?		YES NO	
<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other resort properties											
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT		GRADE		CENTRAL STATION	
BURGLAR ALARM INSTALLED AND SERVICED BY										WITH KEYS	
YES										CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK		FIRE ALARM MANUFACTURER		# GUARDS/WATCHMEN		2		<input checked="" type="checkbox"/> 24 hr employ	
SMOKE/FIRE										<input checked="" type="checkbox"/> CENTRAL STATION	
										<input type="checkbox"/> LOCAL GONG	
ADDITIONAL INTERESTS											
RANK:		NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED		INTEREST ITEM NUMBER			
INTEREST								LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE								SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> MORTGAGEE								OTHER:			
ITEM DESCRIPTION:											
REMARKS											
Premise 1											
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)</p> <p>APPLIED 140SCHED (2002/09)</p>											

RHI0269

RICHM-3		OP ID: C2	
ADDITIONAL PREMISES INFORMATION		PREMISES #1	
STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806		BLDG DESCRIPTION: Guest House	
SUBJECT OF INSURANCE		AMOUNT	CONVS %
BUILDING	210,912	90	R
BLKT BPP 1/1		0	
BLKT B/EE		0	
CAUSES OF LOSS		INFLATION GUARD %	DEDUCTIBLE
SPECIAL			5,000
BLKT COV		FORMS AND CONDITIONS TO APPLY	
		AGR AMT	
		ALS	
ADDITIONAL INFORMATION		Y BUSINESS INCOME / EXTRA EXPENSE	
TYPE OF BUSINESS		BUSINESS INCOME W/O EXTRA EXPENSE	
<input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING <input type="checkbox"/> % COINS		EXTRA EXPENSE <input type="checkbox"/> EXTRA EXPENSE DAYS PERIOD REST LIMIT LOSS PAY	
ORDINARY PAYROLL		POWER/HEAT	
<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$		EXT PERIOD DAYS NO PERIOD LIMIT MAX PERIOD DAYS	
ELEC MEDIA		TUTION FEES	
ORD OR LAW		STUDENTS	
		OTHER ED SERVING	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP		OFF PREM POWER	
		POWER	
		WATER	
		COMM (DESCR BELOW)	
		DEPEND PROP	
		% COIN	
		CONF LOC	
		REC LOC	
		MFG LOC	
		LDR LOC (DESCR BELOW)	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION			
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STAT
FRAME		50 FT	3 MI
FIRE DISTRICT/CODE NUMBER		Asheville/	
BLOG CODE GRADE		TAX CODE	ROOF TYPE
BUILDING IMPROVEMENTS		OTHER OCCUPANCIES	
WIRING, YR: ROOFING, YR: OTHER:		HEATING BOILER ON PREMISES? IF YES, IS INSURANCE PLACED ELSEWHERE?	
PLUMBING, YR: HEATING, YR:		YES NO	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE	
REAR EXPOSURE & DISTANCE		CERTIFICATE #	
BURGLAR ALARM TYPE		EXPIRATION DATE	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	
YES		GRADE	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		CENTRAL STATION	
Smoke/Inro		WITH KEYS	
% SPRINK		CLOCK HOURLY	
FIRE ALARM MANUFACTURER		24 hr employ	
		CENTRAL STATION	
		LOCAL COIN	
ADDITIONAL INTERESTS			
RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED
INTEREST			INTEREST IN ITEM NUMBER
LOSS PAYEE			LOCATION:
MORTGAGEE			BUILDING:
			SCHEDULED ITEM NUMBER:
			OTHER:
ITEM DESCRIPTION:			
REMARKS			
Premise 1			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)			
APPLIED 140SCHED (2002/09)			

RHI0270

ADDITIONAL PREMISES INFORMATION		PREMISES #:		STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806							
		BUILDING #:		BLDG DESCRIPTION: Guest House							
SUBJECT OF INSURANCE		AMOUNT	CORR %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY		
BUILDING		210,912	90	R	SPECIAL		5,000		AGR AMT		
BLKT BPP 1/1			0								
BLKT BI/EE			0						ALS		
ADDITIONAL INFORMATION		Y		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE			
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUTION FEES		OFF PREM POWER	
<input checked="" type="checkbox"/> NON MFG		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL		\$ DEF		DAYS		\$ STUDENTS		<input type="checkbox"/> POWER	
<input type="checkbox"/> MFG		60 DAYS		ELEC MEDIA		MO PERIOD		\$ OTHER ED SERVING		<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING		180 DAYS		DAYS		LIMIT				<input type="checkbox"/> COMM (DESCR BELOW)	
% CORR		\$		ORD OR LAW		MAX PERIOD				<input type="checkbox"/> DEFEND PROP	
				DAYS						<input type="checkbox"/> % CORR	
										<input type="checkbox"/> CONT LOC	
										<input type="checkbox"/> REC LOC	
										<input type="checkbox"/> MFG LOC	
										<input type="checkbox"/> LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEFEND PROP										EXTRA EXPENSE DAYS PERIOD REST	
										LIMIT LOSS PAY	
										% % % %	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT/CODE NUMBER		PROT CL		# STORIES	
FRAME		50 FT		3 MI		Asheville/		3		1	
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES			
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:									
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:									
<input type="checkbox"/> OTHER:											
WIND CLASS		RESISTIVE		SEMI-RESISTIVE		OTHER		HEATING BOILER ON PREMISES?			
								YES NO			
								IF YES, IS INSURANCE PLACED ELSEWHERE?			
								YES NO			
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE				CERTIFICATE #		EXPIRATION DATE		EXTENT		GRADE	
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN		CENTRAL STATION	
								2		WITH KEYS	
yes										<input checked="" type="checkbox"/> 24 hr employ	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 Chemical Systems)				% SPRINK		FIRE ALARM MANUFACTURER				<input checked="" type="checkbox"/> CENTRAL STATION	
Smoke/Fire										<input type="checkbox"/> LOCAL GONG	
ADDITIONAL INTERESTS											
RANK:		NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED		INTEREST ITEM NUMBER			
INTEREST											
<input type="checkbox"/> LOSS PAYEE								LOCATION:			
<input type="checkbox"/> MORTGAGEE								BUILDING:			
								SCHEDULED ITEM NUMBER:			
								OTHER:			
REMARKS											
Premise 1											
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, Insurance benefits may also be deried)											
APPLIED 140SCHD (2002/09)											

RH10272

ADDITIONAL PREMISES INFORMATION		PREMISES #1		STREET ADDRESS:										RICHM-3		OP ID: C2					
		BUILDING # 8		BLDG DESCRIPTION:																	
SUBJECT OF INSURANCE		AMOUNT		COINS %		VALUATION		CAUSES OF LOSS		INFLATION GUARD %		DEDUCTIBLE		BLKT COV		FORMS AND CONDITIONS TO APPLY					
BUILDING		4,210,101		90		R		SPECIAL				5,000				AGR AMT					
BLKT BPP 1/H				0																	
BLKT B/EE				0												ALS					
ADDITIONAL INFORMATION		Y		BUSINESS INCOME / EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE				EXTRA EXPENSE									
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUTION FEES		STUDENTS		X OFF PREM POWER		DEPEND PROP							
X NON MFG		X EXCL		\$ DED		DAYS		\$		OTHER ED SERV/NC		X POWER		% COIN							
MFG		90 DAYS		ELEC MEDIA		NO PERIOD						X WATER		CONT LOC							
MINING		180 DAYS		DAYS		LIMIT						X COMM (DESCR BELOW)		REC LOC							
% COIN		\$		ORD OR LAW		MAX PERIOD								MFG LOC							
				DAYS										LDR LOC (DESCR BELOW)							
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP														EXTRA EXPENSE DAYS PERIOD REST							
														LIMIT LOSS PAY							
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION																					
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT CODE NUMBER				PROT CL		# STORIES		# BASMTS		YR BUILT		TOTAL AREA			
MAS/FRAME		50 FT		3 MI		Asheville				3		2		1		1996		11,868			
BUILDING IMPROVEMENTS		BLDG CODE		GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES											
WIRING, YR:		PLUMBING, YR:		HEATING, YR:		WIND CLASS		RESISTIVE		SEMI-RESISTIVE		OTHER		HEATING BOILER ON PREMISES?				YES		NO	
ROOFING, YR:														IF YES, IS INSURANCE PLACED ELSEWHERE?				YES		NO	
OTHER:																					
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE													
not resort properties				parking																	
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE				EXTENT		GRADE		CENTRAL STATION		WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY												# GUARDS/WATCHMEN		CLOCK HOURLY		24 hr employ		X			
Yes												2				X		CENTRAL STATION			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO/Chemical Systems)				% SPRINK				FIRE ALARM MANUFACTURER								X		LOCAL GONG			
smoke/fire																					
ADDITIONAL INTERESTS																					
RANK:		NAME AND ADDRESS:				REFERENCE #:				CERTIFICATE REQUIRED				INTEREST ITEM NUMBER							
INTEREST														LOCATION:				BUILDING:			
LOSS PAYEE																					
MORTGAGEE																					

ADDITIONAL PREMISES INFORMATION		PREMISES #2		STREET ADDRESS: 88 Richmond Hill Drive Asheville NC 28806					
		BUILDING #: 1		BLDG DESCRIPTION: One Family Dwelling					
SUBJECT OF INSURANCE		AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING		338,000	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1			0						
BLKT B/EE			0						ALS
ADDITIONAL INFORMATION		Y BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE			
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUTION FEES	
<input checked="" type="checkbox"/> NON MFG		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL		\$ DED		DAYS		\$ STUDENTS	
<input type="checkbox"/> MFG		90 DAYS		ELEC MEDIA		MO PERIOD		\$ OTHER ED SERVING	
<input type="checkbox"/> MENNG		180 DAYS		ORD OR LAW		LIMIT			
% CONS		\$		DAYS		MAX PERIOD			
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE _____ DAYS PERIOD REST	
								LIMIT LOSS PAY	
								- % - % - % - %	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION									
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT/CODE NUMBER		PROT CL	
FRAME		100 FT		3 MI		Asheville/		3	
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE	
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:							
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:							
<input type="checkbox"/> OTHER:				WIND CLASS					
				<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEM-RESISTIVE <input type="checkbox"/> OTHER					
LIGHT EXPOSURE & DISTANCE		dwelling		LEFT EXPOSURE & DISTANCE		dwelling		REAR EXPOSURE & DISTANCE	
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT		GRADE	
BURGLAR ALARM INSTALLED AND SERVICED BY									
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK		FIRE ALARM MANUFACTURER					
smoke									
ADDITIONAL INTERESTS		RANK:		NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED	
INTEREST								INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE								LOCATION:	
<input type="checkbox"/> MORTGAGEE								BUILDING:	
								SCHEDULED ITEM NUMBER:	
								OTHER:	
ITEM DESCRIPTION:									
REMARKS									
Premise 2									

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, Insurance benefits may also be denied)

APPLIED 140SCHD (2002/09)

RHI0274

RICHM-3 OP ID: C2

ADDITIONAL PREMISES INFORMATION		PREMISES 13 BUILDING #: 1		STREET ADDRESS: 86 Richmond Hill Drive Asheville NC 28806 BLOG DESCRIPTION: One Family Dwelling			
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV
BUILDING	338,000	90	R	SPECIAL		5,000	AGR AMT
BLKT BPP 1/1		0					
BLKT B/EE		0					ALS
ADDITIONAL INFORMATION		Y BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/ELEC		TUNING FEES	
X NON MFG MFG MANNG		X EXCL 90 DAYS 180 DAYS % COINS		ELEC MEDIA DAYS ORD OR LAW DAYS		STUDENTS OTHER ED SERV/NC	
						OFF PREM POWER POWER WATER COM (DESCR BELOW)	
						DEPEND PROP % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE LIMIT LOSS PAY	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION							
CONSTRUCTION TYPE		DISTANCE TO HYDRANT - FIRE STAT		FIRE DISTRICT CODE NUMBER		PROT CL	
FRAME		100 FT 3 MI		Asheville		3	
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE	
WIRING, YR: ROOFING, YR: OTHER:		PLUMBING, YR: HEATING, YR:		WIND CLASS RESISTIVE SEMI-RESISTIVE OTHER		OTHER OCCUPANCIES	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		HEATING BOILER ON PREMISES?		IF YES, IS INSURANCE PLACED ELSEWHERE?	
dwelling		dwelling		YES		NO	
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT	
BURGLAR ALARM INSTALLED AND SERVICED BY						GRADE	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK		FIRE ALARM MANUFACTURER		# GUARDS/WATCHMEN	
Smoke						0	
ADDITIONAL INTERESTS		RANK:		NAME AND ADDRESS:		REFERENCE #:	
INTEREST		LOSS PAYEE MORTGAGEE		ITEM DESCRIPTION:		CERTIFICATE REQUIRED	
						INTEREST ITEM NUMBER	
						LOCATION: BUILDING:	
						SCHEDULED ITEM NUMBER:	
						OTHER:	

REMARKS

Premise 3

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLIED 140SCHD (2002/09)

RHI0275



STATEMENT OF VALUES

OP ID: C2

DATE (MM/DD/YYYY)

9/11/2008

AGENCY White Insurance Agency, Inc. P.O. Box 1310 Black Mountain, NC 28711 Cheryl K. Reavis	PHONE (NC No. Ext): 828-669-7912 FAX (NC No.): 828-669-2315	COMPANY Company For Rating Purposes	NAIC CODE:
INSURED/APPLICANT Richmond Hill Inn/The Hammocks		POLICY NUMBER APP	PAGE 1 OF 3
HEADQUARTERS ADDRESS 87 Richmond Hill Drive Asheville, NC 28806-3912		EFFECTIVE DATE 10/19/08	
CODE: AGENCY CUSTOMER ID RICHM-3	SUBCODE:	CONS % <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input checked="" type="checkbox"/> 100%	APPLICABLE CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE COV <input type="checkbox"/> FLOOD <input type="checkbox"/> SPOILAGE <input type="checkbox"/> LEAVAGE EXCL <input type="checkbox"/> VANDALISM EXCL
		SPECIFIC AVERAGE RATE REQUESTED <input type="checkbox"/> BLANKET RATE REQUESTED	

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)
EQ Optional quote

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	1	1	DESC: Mansion/Restaurant/Rooms ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	5089119		
	1	1	DESC: Mansion/Rest./Rooms ADDRESS: 87 Richmond Hill Inn Asheville, NC 28806	RC	BPP	1500000		
ALS	1	1	DESC: Mansion/Rest./Rooms ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BI			
	1	2	DESC: Guest House ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	173732		
	1	2	DESC: BPP Incl. in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BPP			
	1	2	DESC: BI - Incl. in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BI			
	1	3	DESC: Guest House ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	210912		
	1	3	DESC: BPP Incl in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BPP			
	1	3	DESC: BI Incl in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BI			
	1	4	DESC: Guest House ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	210912		
	1	4	DESC: BPP Incl in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BPP			
TOTAL						\$ 13240000	NA	\$

INSTRUCTIONS

1. ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
2. SUBJECT:
B = Building S = Stock F = Furniture & Fixtures M = Machinery
BPP = Your Business Personal Property PPO = Personal Property of Others
BI = Business Income R = Rental Income Other - specify

RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____

RHI0276

PAGE PAGE 2 OF 3

ATTACH TO STATEMENT OF VALUES APPLICATION



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
10/15/2008

AGENCY PHONE (AG No. Ext): 828-669-7912 FAX (AG No.): 828-669-2316 White Insurance Agency, Inc. P.O. Box 1310 Black Mountain, NC 28711 Cheryl K. Reavis		APPLICANT (First Named Insured) Richmond Hill Inn/The Hammocks	
CODE: 329597 AGENCY CUSTOMER ID: RICHM-3 SUBCODE:		EFFECTIVE DATE: 10/19/08 EXPIRATION DATE: 10/19/09 <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL PAYMENT PLAN AUDIT	

POLICY INFORMATION

TRANSACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> UMBRELLA <input type="checkbox"/> EXCESS <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE		RETROACTIVE DATE PROPOSED CURRENT	LIMIT OF LIABILITY \$ 1,000,000 EACH OCCURRENCE	RETAINED LIMIT \$ 10,000
--	--	---	--	-----------------------------

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPLOYEES
1	87 Richmond Hill Dr. Asheville, NC		2,800,000		

UNDERLYING INSURANCE

TYPE	CAUSE/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	RATING MOD
AUTOMOBILE LIABILITY	Tudor 1597007100746 Harperville	10/19/07 08	10/19/08 09	CSL EA ACC. \$ 1,000,000 BIEA ACC. \$ BIEA PER. \$ PDEA ACC. \$		
GENERAL LIABILITY POLICY TYPE	Tudor Harperville	10/19/07 08	10/19/08 09	EACH OCCURRENCE \$ 1,000,000 GENERAL AGGR. \$ 1,000,000 PROD & COMP OPS AGGREGATE \$ 1,000,000 PERSONAL & ADV \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ MEDICAL EXPENSE \$		
EMPLOYERS LIABILITY	AIG Guard	10/19/07 08	10/19/08 09	EACH ACCIDENT \$ 100,000 DISEASE \$ EACH EMPLOYEE \$ 100,000 DISEASE \$ POLICY LIMIT \$ 500,000		

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1	ARE DEFENSE COSTS:	WITHIN AGGREGATE LIMITS?	A SEPARATE LIMIT?	<input checked="" type="checkbox"/> UNLIMITED?
2	INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:			
3	HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE?			
4	FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5	FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6	FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? YES, EFF. DATE:			

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input checked="" type="checkbox"/>	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/>	CGI - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input checked="" type="checkbox"/>	VENDORS LIABILITY	
<input checked="" type="checkbox"/>	CSL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL		WATERCRAFT LIABILITY	
<input type="checkbox"/>	AIRCRAFT LIABILITY	GARAGEKEEPERS LIABILITY	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	INCIDENTAL MEDICAL MALPRACTICE			
<input checked="" type="checkbox"/>	ADDITIONAL INTERESTS	LIQUOR LIABILITY	<input checked="" type="checkbox"/>		
		POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS, E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)

☒ NO SUCH CLAIMS

ACORD 131 (2004/07)

ATTACH TO ACORD 125 AND ACORD 126

© ACORD CORPORATION 1001-2004

RHI0278

CARE, CUSTODY, CONTROL

RICHM-3

OP ID: C2

LOC	PROPERTY TYPE	VALUE	A'	B'	C'	D'	SQ FT OF BLDG OCC	OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
	REAL							
	PERSONAL							

*APPLICANT: (A) IS HELD HARMLESS IN THE LEASE, (B) HAS A WAIVER OF SUBROGATION, (C) IS A NAMED INSURED IN THE FIRE POLICY, (D) OTHER (specify)

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO
ADVERTISING LIABILITY			POLLUTION LIABILITY EPA#:		
1. MEDIA USED: ANNUAL COST: \$			20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?		X
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?			21. INDICATE THE COVERAGES CARRIED: <input checked="" type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION <input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY <input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT <input type="checkbox"/> SEPARATE POLLUTION COVERAGE		
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?					
AIRCRAFT LIABILITY					
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?		X			
AUTO LIABILITY			PRODUCT LIABILITY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAILED?		X	22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?		
6. ARE PASSENGERS CARRIED FOR A FEE?		X	23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?		
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		X	24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES?		
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		X	25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)		
9. ARE HIRED AND NONOWNED COVERAGES PROVIDED?		X	26. GROSS SALES FROM EACH OF LAST 3 YEARS:		
CONTRACTORS LIABILITY			PROTECTIVE LIABILITY		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?			27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):		
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):					
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):					
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?					
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?					
EMPLOYER'S LIABILITY			WATERCRAFT LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		X	28. DOES APPLICANT OWN OR LEASE WATERCRAFT?		
16. SUBJECT TO: JONES ACT FELA STOP GAP OTHER:			# OWNED LENGTH HORSEPOWER		
INCIDENTAL MALPRACTICE LIABILITY			APARTMENTS / CONDOMINIUMS / HOTEL / MOTELS		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		X	# STORIES	# UNITS	# SWIMMING POOLS
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?			2	33	
19. INDICATE # OF DOCTORS: NURSES: BEDS:					# DIVING BOARDS

REMARKS		VEHICLES			
Please call producer directly at 888-712-5007 for details or questions. Cheryl Reavis		TYPE	# OWNED		
		PRIVATE PASSENGER	3		
		TRUCKS	LIGHT	2	
			MEDIUM		
			HEAVY		
			EX HEAVY		
		TRUCKS/TRACTORS	HEAVY		
			EX HEAVY		
				BUSES	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA insurance benefits may also be denied).

APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE: OTHER STATE: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN INDIANA: 1. I SELECT UIM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE: Sarah M. McLaughlin DATE: 10-15-2008

ACORD 131 (2004/07)

RHI0279

ACORD BUSINESS AUTO SECTION										OP ID: MG	DATE (MM/DD/YY) 11/21/2008
PRODUCER PHONE (AC, Ho, Ext): 828-669-7912 FAX (AC, Ho, Ext): 828-669-2315 White Insurance Agency, Inc. P.O. Box 1310 Black Mountain, NC 28711 Cheryl K. Reavis				APPLICANT (First Named Insured) Richmond Hill Inn/The Hammocks				EFFECTIVE DATE 10/19/08 EXPIRATION DATE 10/19/09 <input checked="" type="checkbox"/> DIRECT BILL PAYMENT PLAN AUDIT		FOR COMPANY USE ONLY	
CODE: 329597 SUB CODE:				AGENCY CUSTOMER ID: RICHM-3							
COVERAGES/LIMITS											
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS	
LIABILITY		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000 <input type="checkbox"/> BI EACH ACCIDENT \$ <input type="checkbox"/> PROPERTY DAMAGE \$		VALET LIABILITY				1000000	
PERSONAL INJURY PROTECTION		<input type="checkbox"/> 6 <input type="checkbox"/> 7		OR EQUIVALENT NO-FAULT COVERAGE \$ DEDUCTIBLE		VALET PHYS DA					
ADDITIONAL P.I.P.		<input type="checkbox"/> 6 <input type="checkbox"/> 7		TOTAL W/C \$ \$ M/E \$		TOWING & LABOR		<input type="checkbox"/> 3 <input type="checkbox"/> 7		PHYSICAL DAMAGE	
MEDICAL PAYMENTS		<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8		EACH PERSON \$ 5,000		COMPREHENSIVE		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
UNINSURED MOTORIST		<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7		<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000 <input type="checkbox"/> BI EACH ACCIDENT \$ <input type="checkbox"/> PROPERTY DAMAGE \$		SPECIFIED CAUSES OF LOSS		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
UNDERINSURED MOTORIST		<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000 <input type="checkbox"/> BI EACH ACCIDENT \$ <input type="checkbox"/> PROPERTY DAMAGE \$		COLLISION		<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
HIRED/BORROWED LIABILITY		STATES NC		COST OF HIRE \$ <input checked="" type="checkbox"/> IF ANY BASIS		STATES NC		# DAYS		# VEH	
NON-OWNED LIABILITY		STATES NC		GROUP TYPE <input checked="" type="checkbox"/> EMPLOYEES NUMBER OF 15 <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS		HIRED PHYSICAL DAMAGE				COVERAGE/DEDUCTIBLE <input checked="" type="checkbox"/> COMP \$ 35,000 <input type="checkbox"/> SPEC C OF L <input checked="" type="checkbox"/> COLL \$ 35,000	
ENDORSEMENTS, FORMS, CONDITIONS											
PIP Per/Acc Limits:											
COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS											
DRIVER INFORMATION (Include drivers who frequently use own vehicles)											
DRIVER #	NAME (Include address, if required)			DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER		STATE LIC	USE VEH #	% USE	
	to follow										

VEHICLE DESCRIPTION (continued)															RICHM-3 OP ID: MG				
VEH #		YEAR		MAKE:		MODEL:		TERR		BODY TYPE:		SYMAGE		COST NEW					
CITY, STATE, ZIP WHERE GARAGED								GVW/GCW		CLASS		SIC		FACTOR					
DRIVE TO WORK/SCHOOL USE								ADD'L PIP		UNINS MOTOR TOWING & LABOR		F		LSP					
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> COMM'L		<input type="checkbox"/> CHECK COVERS		<input type="checkbox"/> MED PAY		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> DEDUCTIBLES		<input type="checkbox"/> ACV					
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP					
				<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL					
VEH #		YEAR		MAKE:		MODEL:		TERR		BODY TYPE:		SYMAGE		COST NEW					
CITY, STATE, ZIP WHERE GARAGED								GVW/GCW		CLASS		SIC		FACTOR					
DRIVE TO WORK/SCHOOL USE								ADD'L PIP		UNINS MOTOR TOWING & LABOR		F		LSP					
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> COMM'L		<input type="checkbox"/> CHECK COVERS		<input type="checkbox"/> MED PAY		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> DEDUCTIBLES		<input type="checkbox"/> ACV					
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP					
				<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL					
VEH #		YEAR		MAKE:		MODEL:		TERR		BODY TYPE:		SYMAGE		COST NEW					
CITY, STATE, ZIP WHERE GARAGED								GVW/GCW		CLASS		SIC		FACTOR					
DRIVE TO WORK/SCHOOL USE								ADD'L PIP		UNINS MOTOR TOWING & LABOR		F		LSP					
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> COMM'L		<input type="checkbox"/> CHECK COVERS		<input type="checkbox"/> MED PAY		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> DEDUCTIBLES		<input type="checkbox"/> ACV					
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP					
				<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL					
VEH #		YEAR		MAKE:		MODEL:		TERR		BODY TYPE:		SYMAGE		COST NEW					
CITY, STATE, ZIP WHERE GARAGED								GVW/GCW		CLASS		SIC		FACTOR					
DRIVE TO WORK/SCHOOL USE								ADD'L PIP		UNINS MOTOR TOWING & LABOR		F		LSP					
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> COMM'L		<input type="checkbox"/> CHECK COVERS		<input type="checkbox"/> MED PAY		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> DEDUCTIBLES		<input type="checkbox"/> ACV					
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP					
				<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL					
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (ATTACH ACORD 45 FOR ADDITIONAL NAMES)																			
INTEREST		RANK		NAME AND ADDRESS				REFERENCE #				CERTIFICATE REQUIRED		INTEREST IN ITEM/NUMBER					
<input type="checkbox"/> ADDITIONAL INSURED														LOCATION:					
<input type="checkbox"/> LOSS PAYEE														BUILDING:					
<input type="checkbox"/> MORTGAGEE														VEHICLE:					
<input type="checkbox"/> LIENHOLDER														BOAT:					
<input type="checkbox"/> EMPLOYEE AS LESSOR														SCHEDULED ITEM NUMBER:					
												OTHER							
ITEM DESCRIPTION:																			
GENERAL INFORMATION																			
EXPLAIN ALL "YES" RESPONSES																			
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?										YES		NO		7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			X		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?										X				8. ANY HAZARDOUS AGREEMENTS?			X		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?										X				9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.			X		
4. ARE ANY VEHICLES LEASED TO OTHERS?										X				10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?			X		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?										X				11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			X		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?										X				12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			X		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS										X				13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?			X		
														14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?			X		
														MAXIMUM DOLLAR VALUE SUBJECT TO LOSS					
REMARKS																			
*MVRs not reviewed since last year. Valet operators are also checked by company last year. Valet exposures is on average limited to approximately 10 restaurant or guests of RHI per night (weekends more than week days)																			
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)																			
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, IN, MI, MN, NY, OH, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, NH, NO, VT, VA, WA, WI.																			
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:										X		SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS.							
												SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR							
												REJECTING COVERAGE ENTIRELY.							
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.										1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP		(APPLICANT'S SIGNATURE)							
										2. I REJECT UM BODILY INJURY COVERAGE		(APPLICANT'S SIGNATURE)							
										3. I REJECT UIM BODILY INJURY COVERAGE		(APPLICANT'S SIGNATURE)							
										4. I REJECT UM PROPERTY DAMAGE COVERAGE		(APPLICANT'S SIGNATURE)							
										5. I REJECT UIM PROPERTY DAMAGE COVERAGE		(APPLICANT'S SIGNATURE)							
ACORD 127 (2/95) ATTACH TO APPLICANT INFORMATION SECTION																			

RHI0281

Richmond Hill Inn/The Hammocks				RICHM-3				OP ID: MG			
ADDITIONAL VEHICLE INFORMATION											
VEHICLE # 3											
2	LIAB	EP	EA	PD	UNINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	PIP	EP	EA	DED	UNDRINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT					
OPT CODES:				OTHER COVERAGE							
	LIAB	EP	EA	PD	UNINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	PIP	EP	EA	DED	UNDRINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT					
OPT CODES:				OTHER COVERAGE							
	LIAB	EP	EA	PD	UNINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	PIP	EP	EA	DED	UNDRINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT					
OPT CODES:				OTHER COVERAGE							
	LIAB	EP	EA	PD	UNINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	PIP	EP	EA	DED	UNDRINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT					
OPT CODES:				OTHER COVERAGE							
	LIAB	EP	EA	PD	UNINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	PIP	EP	EA	DED	UNDRINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT					
OPT CODES:				OTHER COVERAGE							
	LIAB	EP	EA	PD	UNINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	PIP	EP	EA	DED	UNDRINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT					
OPT CODES:				OTHER COVERAGE							
	LIAB	EP	EA	PD	UNINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	PIP	EP	EA	DED	UNDRINS MOTOR	EP	EA	PD			
	OPT CODES:				OPT CODES:						
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT					
OPT CODES:				OTHER COVERAGE							

APPLIED 127COV (2006/10)

ATTACH TO COMMERCIAL BUSINESS AUTO APPLICATION

RHI0282

OP ID: MG

ACORD VEHICLE SCHEDULE

DATE
11/21/2008

PRODUCER PHONE (A/C, No. Ex): 828-669-7912

White Insurance Agency, Inc.
P.O. Box 1310
Black Mountain, NC 28711
Cheryl K. Reavis

APPLICANT (First Named Insured)
Richmond Hill Inn/The Hammocks

EFFECTIVE DATE 10/19/08 EXPIRATION DATE 10/19/09 ☒ DIRECT BILL ☐ PAYMENT PLAN ☐ AUDIT
☐ AGENCY BILL

CODE: 329597 SUB CODE:

AGENCY CUSTOMER ID

RICHM-3

FOR COMPANY USE ONLY

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: Chev	MODEL: Truck	BODY TYPE: PU	V.I.N.: 1GCCS14W9YK180669	SYNAGE	COST NEW
2	2000						11,000
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		TERR	GVW/GCW	CLASS	SIC
Ashville NC 28801					1500		
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR	F
< 15 MILES		PLEASURE	RETAIL	LIAB NO. FAULT	MED PAY	TOWING & LABOR	LSP
15 MILES +		FARM	SERVICE	NO. FAULT	UNINS MOTOR	SPEC C OF L	FTW
							COLL
							ST AMT
							AA
							COMP
							DEDUCTIBLES
							ACV
							COMP
							SPEC C OF L
							MISC DRUGS
							TOTAL PREM
							COLL
							ST AMT
							AA
							COMP
							DEDUCTIBLES
							ACV
							COMP
							SPEC C OF L
							MISC DRUGS
							TOTAL PREM
							COLL
							ST AMT
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							COMP
							DEDUCTIBLES
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							DEDUCTIBLES
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							DEDUCTIBLES
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							DEDUCTIBLES
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							TOTAL PREM
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							COMP
							DEDUCTIBLES
							ACV
							COMP
							SPEC C OF L
							MISC DRUGS

OP ID: MG

ACORDTM VEHICLE SCHEDULE

DATE
11/21/2008

PRODUCER PHONE
A/C No. Ext: 828-669-7912

White Insurance Agency, Inc.
P.O. Box 1310
Black Mountain, NC 28711
Cheryl K. Reavis

APPLICANT
(First Named Insured)
Richmond Hill Inn/The Hammocks

EFFECTIVE DATE 10/19/08	EXPIRATION DATE 10/19/09	<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
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CODE: 329597 SUB CODE:

AGENCY CUSTOMER ID

RICHM-3

FOR COMPANY USE ONLY

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	SYWAGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UND'RINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	LSP
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$
DEDUCTIBLES		ACV	COMP	SPEC C OF L	MISC DRCHL	TOTAL PREM	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UND'RINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	LSP
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$
DEDUCTIBLES		ACV	COMP	SPEC C OF L	MISC DRCHL	TOTAL PREM	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UND'RINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	LSP
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$
DEDUCTIBLES		ACV	COMP	SPEC C OF L	MISC DRCHL	TOTAL PREM	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UND'RINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	LSP
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$
DEDUCTIBLES		ACV	COMP	SPEC C OF L	MISC DRCHL	TOTAL PREM	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UND'RINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	LSP
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$
DEDUCTIBLES		ACV	COMP	SPEC C OF L	MISC DRCHL	TOTAL PREM	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UND'RINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	LSP
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$
DEDUCTIBLES		ACV	COMP	SPEC C OF L	MISC DRCHL	TOTAL PREM	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UND'RINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	LSP
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$
DEDUCTIBLES		ACV	COMP	SPEC C OF L	MISC DRCHL	TOTAL PREM	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UND'RINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	LSP
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$
DEDUCTIBLES		ACV	COMP	SPEC C OF L	MISC DRCHL	TOTAL PREM	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UND'RINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	LSP
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$
DEDUCTIBLES		ACV	COMP	SPEC C OF L	MISC DRCHL	TOTAL PREM	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UND'RINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	LSP
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL	\$
DEDUCTIBLES		ACV	COMP	SPEC C OF L	MISC DRCHL	TOTAL PREM	

ACORD 129 (1/98)

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RHI0284

OP ID: MG

ACORD™ VEHICLE SCHEDULE

DATE
11/21/2008

PRODUCER PHONE
(A/C No. Ext): 028-888-7912

White Insurance Agency, Inc.
P.O. Box 1310
Black Mountain, NC 28711
Cheryl K. Reavis

APPLICANT
(First
Named
Insured)

Richmond Hill Inn/The Hammocks

EFFECTIVE DATE
10/19/08

EXPIRATION DATE
10/19/09

X

DIRECT BILL
AGENCY BILL

PAYMENT PLAN

AUDIT

CODE: 329597

SUB CODE:

AGENCY CUSTOMER ID

RICHM-3

FOR
COMPANY
USE ONLY

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	SYWAGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED														
DRIVE TO WORK/SCHOOL														
USE														
COMM/L														
CHECK COVERAGES														
ADOL NO-FAULT														
UNDRINS MOTOR														
TOWING & LABOR														
SPEC C OF L														
F														
LSP														
DEDUCTIBLES														
ACV														
COMP														
ST AMT														
TOTAL PREM														
COLL														
CITY, STATE, ZIP WHERE GARAGED														
DRIVE TO WORK/SCHOOL														
USE														
COMM/L														
CHECK COVERAGES														
ADOL NO-FAULT														
UNDRINS MOTOR														
TOWING & LABOR														
SPEC C OF L														
F														
LSP														
DEDUCTIBLES														
ACV														
COMP														
ST AMT														
TOTAL PREM														
COLL														
CITY, STATE, ZIP WHERE GARAGED														
DRIVE TO WORK/SCHOOL														
USE														
COMM/L														
CHECK COVERAGES														
ADOL NO-FAULT														
UNDRINS MOTOR														
TOWING & LABOR														
SPEC C OF L														
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LSP														
DEDUCTIBLES														
ACV														
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ST AMT														
TOTAL PREM														
COLL														
CITY, STATE, ZIP WHERE GARAGED														
DRIVE TO WORK/SCHOOL														
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COMM/L														
CHECK COVERAGES														
ADOL NO-FAULT														
UNDRINS MOTOR														
TOWING & LABOR														
SPEC C OF L														
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CHECK COVERAGES														
ADOL NO-FAULT														
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TOTAL PREM														
COLL														

ACORD 129 (1/98)

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